



**UNIVERSITI PUTRA MALAYSIA**

**HEAT-RELATED ILLNESSES AMONG WORKERS IN LATEX GLOVE  
INDUSTRY UNDER HEAT STRESS CONDITION**

**NURAZIRAH BINTI MOHD KASSIM**

**FPSK(m) 2019 10**



**HEAT-RELATED ILLNESSES AMONG WORKERS IN LATEX GLOVE  
INDUSTRY UNDER HEAT STRESS CONDITION**

By

**NURAZIRAH BINTI MOHD KASSIM**

**Thesis Submitted to the School of Graduate Studies, Universiti  
Putra Malaysia, in Fulfilment of the Requirements for the Degree of  
Master of Science**

**January 2019**

All material contained within the thesis, including without limitation text, logos, icons, photographs and all other artwork, is copyright material of Universiti Putra Malaysia unless otherwise stated. Use may be made of any material contained within the thesis for non-commercial purposes from the copyright holder. Commercial use of material may only be made with the express, prior, written permission of Universiti Putra Malaysia.

Copyright © Universiti Putra Malaysia



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Master of Science

## **HEAT-RELATED ILLNESSES AMONG WORKERS IN LATEX GLOVE INDUSTRY UNDER HEAT STRESS CONDITION**

By

**NURAZIRAH BINTI MOHD KASSIM**

**January 2019**

**Chair : Karmegam Karuppiah, PhD**  
**Faculty : Medicine and Health Sciences**

Malaysia is the world largest producer of latex glove. Glove production involved work processes with high temperature. However, less study has been conducted on the hazards of high temperature among the workers here. Thus, this study was conducted to evaluate the heat-related illnesses and physiological changes among latex glove industry workers under heat stress condition. This cross-sectional study was conducted in a glove factory at Negeri Sembilan. This location was selected based on the highest number of workers in Negeri Sembilan which are 350 workers and the highest daily production rate. The respondents were randomly selected from the list name provided. Total workers (n=88) were interviewed using questionnaire adopted from previous study. The adopted questionnaire includes the socio demographic, occupational, lifestyle, health and heat-related illnesses information of respondents. Heat stress assessment (WBGT<sub>in</sub>) and the level of air velocity were measured using QUESTTemp<sup>®</sup>34 Thermal Environment Monitor and TSI Velocalc<sup>®</sup>Air Velocity Meters respectively. The Personal heat monitor was used to monitor the level of personal body temperature of workers. Omron MC-510 Gentle Temperature ear thermometer (measure core body temperature), POLAR Heart Rate FT60 (measure heart rate) and OMRON T3 Automatic Blood Pressure Monitor (measure blood pressure) were used in the physiological changes measurement of the workers. All of these psychological parameters were taken in three sessions; before the shift, after 2 hours working and after 8 hours working. The result were exceeded Threshold Limit Value (TLV) (>28°C) in the production area. The highest prevalence of heat-related illnesses on respondents was dehydration (81.8%), followed by heat exhaustion (80.7%), heat cramps (26.1%), heat rashes (26.1%), heat stroke (9.1%) and the heat syncope (6.8%). Based on this study there is a statistically significant correlation between personal heat and

prevalence of heat-related illnesses ( $r=0.54$ ,  $p<0.05$ ). The chi-square test results revealed that only duration of employment ( $X^2=3.475$ ,  $p<0.01$ ) are significantly associated with prevalence of heat-related illnesses reported. The multivariate logistic regression shows that only the personal heat had a significant association with prevalence of heat-related illnesses. The prevalence of heat-related illnesses was measured using the questionnaire. The ANOVA was statistically significant between physiological parameter (core body temperature  $F= 281.10$ ,  $P<0.001$ ); heart rate, ( $F=237.86$ ,  $p<0.001$ ); and blood pressure, ( $F= 194.43$ ,  $p<0.001$ ) and three work session. As a conclusion, the workers in glove industry are exposed to high level of heat stress. All the three physiological parameters (core temperature, heart rate and blood pressure) of respondent data show that there were changed through three periods of time. The air velocity at majority work sections in production area was exceeded the baseline given for the specify temperature. The highest prevalence of heat-related illness on respondents was dehydration, followed by heat exhaustion, heat cramps, heat rashes and heat stroke. This shows that the glove industry expose workers to heat stress which directly causing workers to get heat-related illness. Personal protective equipment such as cool vest also helps in protection from hot working environment. The training on heat stress in the way of control heat stress should be provided by employers which help in educating and create awareness among workers on the symptoms of heat-related illness

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk ijazah Master Sains

## **PENYAKIT BERKAITAN HABA DALAM KALANGAN PEKERJA KILANG SARUNG TANGAN LATEKS DIBAWAH TEKANAN HABA**

Oleh

**NURAZIRAH BINTI MOHD KASSIM**

**Januari 2019**

**Pengerusi : Karmegam Karuppiah, PhD**  
**Fakulti : Perubatan dan Sains Kesihatan**

Malaysia merupakan pengeluar terbesar dunia bagi sarung tangan lateks. Pengeluaran sarung tangan melibatkan proses kerja dengan suhu yang tinggi. Namun, masih kurang kajian dilakukan berkenaan bahaya bekerja dalam keadaan suhu yang tinggi dalam kalangan pekerja di sini. Tujuan kajian ini dijalankan adalah untuk menilai penyakit berkaitan haba dan perubahan fisiologi dalam kalangan pekerja kilang sarung tangan lateks dibawah tekanan haba. Kajian keratan rentas ini telah dijalankan di sebuah kilang sarung tangan di Negeri sembilan. Lokasi kajian ini dipilih berdasarkan kilang yang mempunyai jumlah pekerja yang tertinggi iaitu 350 pekerja dan kadar produksi yang tertinggi di Negeri Sembilan. Pekerja dipilih sejara rambang daripada senarai nama pekerja. Jumlah pekerja (n=88) telah ditemuramah menggunakan borang soal selidik kajian yang diadaptasi daripada kajian lepas yang disesuaikan dengan kajian semasa. Borang soal selidik tersebut merangkumi maklumat demografi sosio, pekerjaan, gaya hidup, kesihatan dan penyakit berkaitan haba. Penilaian tekanan haba (WBGTin) dan tahap halaju udara diukur dengan menggunakan pemantau suhu persekitaran (QUESTTemp<sup>o</sup>34) dan pengukur halaju udara (TSI Velocicalc<sup>o</sup>). Pengukur suhu peribadi digunakan untuk mengukur suhu badan pekerja secara peribadi. Omron MC-510 (mengukur teras suhu badan), POLAR FT60 (mengukur kadar denyutan nadi) dan OMRON T3 (mengukur tekanan darah) telah digunakan bagi mengukur perubahan fisiologi pekerja. Semua parameter ini telah diambil sebanyak tiga sesi iaitu sebelum syif, selepas 2 jam bekerja, dan selepas 8 jam bekerja. Keputusan membuktikan bahawa suhu persekitaran di semua bahagian kerja dalam kilang sarung tangan telah melebihi Nilai Had Ambang (TLV) (>28°C). Prevalens paling tinggi bagi penyakit berkaitan haba adalah dehidrasi (81.8%), diikuti oleh keletihan haba (80.7%), kekejangan haba (26.1%), ruam panas (26.1%), strok haba (9.1 %) dan pengsan haba (6.8%). Terdapat perbezaan yang signifikan dalam parameter fisiologi (suhu badan teras, F= 281.10, P<0.001); kadar denyutan nadi, (F=237.86, p<0.001); dan

tekanan darah, ( $F= 194.43$ ,  $p<0.001$ ). Konklusinya, pekerja-pekerja di kilang sarung tangan telah terdedah kepada suhu yang sangat tinggi. Semua parameter fisiologi (teras suhu badan, kadar denyutan nadi dan tekanan darah) responden mempunyai perbezaan yang signifikan di antara tiga ukuran masa. Halaju bagi kebanyakan bahagian kerja di kawasan pengeluar adalah tinggi dari garispanduan yang ditetapkan bagi kadar suhu persekitaran kilang tersebut. Prevelens paling tinggi bagi penyakit berkaitan haba adalah dehidrasi, diikuti oleh keletihan haba, kekejangan haba, ruam panas, strok haba dan pengsan haba. Hal ini menunjukkan kilang sarung tangan getah mededahkan pekerja dengan tekanan haba dan secara langsung menyebabkan pekerja mengalami penyakit berkenaan haba. Alat perlindungan personal seperti jaket sejuk dapat membantu dalam melindungi pekerja daripada persekitaran kerja yang panas. Selain itu, latihan berkenaan tegasan haba dalam mengawal tegasan haba perlu disediakan kepada pekerja bagi memberi pengetahuan dan kesedaran kepada pekerja tentang gejala penyakit berkenaan tegasan haba. Hal ini boleh membantu dalam menghalang kes tegasan haba daripada menjadi lebih teruk.

## ACKNOWLEDGEMENTS

Here I would like to praise Allah because through His permission, this Dissertation could be completed. I would like to thank my supervisor, Dr. Karmegam Karuppiah, for his supervision, teaching, and guidance through all the process in this research. Without his commitment, dedication, and support, this Dissertation cannot be complete as it can be seen today. He had given a lot of courage and opportunities to expand my knowledge for my research. I also would like to thank to Nur Athirah for her knowledge sharing on the fundamental for this project.

Plus, sincere appreciation for the management of glove industries involve in this studies, which had given the good cooperation from the finding of location for this research until the data collection is completed. Thank also to all employees of glove industries who was willing to be respondents and give good commitment along this research.

Not forgetting my family for their support and motivation that given me throughout my study. Thank to my course mate who had been there for me and give guidance to me. Last but not least, to all who had directly and indirectly given hands and words in helping me during pursuit of knowledge in Universiti Putra Malaysia.



This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

**Karmegam a/l Karuppiah, PhD**

Senior Lecturer  
Faculty of Medicines and Health Sciences  
Universiti Putra Malaysia  
(Chairman)

**Emilia Zainal Abidin, PhD**

Associate Professor  
Faculty of Medicines and Health Sciences  
Universiti Putra Malaysia  
(Member)

**ROBIAH BINTI YUNUS, PhD**

Professor and Dean  
School of Graduate Studies  
Universiti Putra Malaysia

Date:

## Declaration by graduate student

I hereby confirm that:

- this thesis is my original work;
- quotations, illustrations and citations have been duly referenced;
- this thesis has not been submitted previously or concurrently for any other degree at any other institutions;
- intellectual property from the thesis and copyright of thesis are fully-owned by Universiti Putra Malaysia, as according to the Universiti Putra Malaysia (Research) Rules 2012;
- written permission must be obtained from supervisor and the office of Deputy Vice-Chancellor (Research and Innovation) before thesis is published (in the form of written, printed or in electronic form) including books, journals, modules, proceedings, popular writings, seminar papers, manuscripts, posters, reports, lecture notes, learning modules or any other materials as stated in the Universiti Putra Malaysia (Research) Rules 2012;
- there is no plagiarism or data falsification/fabrication in the thesis, and scholarly integrity is upheld as according to the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) and the Universiti Putra Malaysia (Research) Rules 2012. The thesis has undergone plagiarism detection software.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Matric No.: \_\_\_\_\_

## Declaration by Members of Supervisory Committee

This is to confirm that:

- the research conducted and the writing of this thesis was under our supervision;
- supervision responsibilities as stated in the Universiti Putra Malaysia (Graduate Studies) Rules 2003 (Revision 2012-2013) are adhered to.

Signature: \_\_\_\_\_

Name of Chairman of  
Supervisory

Committee:

Dr Karmegam Karuppiah

Signature: \_\_\_\_\_

Name of Member of  
Supervisory

Committee:

Assoc. Prof. Dr Emilia Zainal Abidin

## TABLE OF CONTENTS

	<b>Page</b>
<b>ABSTRACT</b>	i
<b>ABSTRAK</b>	iii
<b>ACKNOWLEDGEMENTS</b>	v
<b>APPROVAL</b>	vi
<b>DECLARATION</b>	viii
<b>LIST OF TABLES</b>	xiii
<b>LIST OF FIGURES</b>	xiv
<b>LIST OF ABBREVIATIONS</b>	xv
<b>CHAPTER</b>	
<b>1 INTRODUCTION</b>	
1.1 Background	1
1.2 Problem statement	2
1.3 Study Justification	4
1.4 Research objectives	5
1.4.1 General objectives	5
1.4.2 Specific objectives	5
1.5 Study hypotheses	5
1.6 Definition of terms	6
1.6.1 Heat stress	6
1.6.2 Physiological changes	6
1.6.3 Heat-related illnesses	7
1.6.4 Natural wet bulb temperature	7
1.6.5 Globe wet bulb temperature	7
1.6.6 Dry bulb temperature	8
1.7 Conceptual framework	8
<b>2 LITERATURE REVIEW</b>	
2.1 Prevalence of heat stress in occupational setting	10
2.2 Glove industry	10
2.3 Heat stress	13
2.4 Physiological changes	18
2.5 Heat-related illnesses	20
2.5.1 Heat exhaustion	21
2.5.2 Heat rash	21
2.5.3 Dehydration	21
2.5.4 Heat cramp	22
2.5.5 Heat syncope	22
2.5.6 Heat stroke	22
2.6 Other factors	23

<b>3</b>	<b>METHODOLOGY</b>	
3.1	Study design	25
3.2	Study location	25
3.3	Study population	25
3.4	Sampling	25
3.4.1	Sampling frame	25
3.4.2	Sampling method	26
3.4.3	Sampling unit	27
3.4.4	Sampling size	27
3.4.5	Sampling procedure	30
3.5	Study Instrument	32
3.5.1	Questionnaire	32
3.5.2	Thermal Environment Monitor	33
3.5.3	Personal Heat Monitor	34
3.5.4	Air Velocity Meter	34
3.5.5	Personal Body Core Meter	35
3.5.6	Heart Rate Monitor Watch	35
3.5.7	Blood Pressure Monitor	35
3.5.8	Weighing Scale and High Meter	35
3.6	Quality Control	36
3.6.1	Pre-test Study	36
3.6.2	Calibration	36
3.6.3	Standard Operating Procedure (SOP)	36
3.6.4	Ethical Issues	37
3.7	Data Analysis	37
<b>4</b>	<b>RESULTS AND DISCUSSION</b>	
4.1	Socio-Demographic Data of Respondents	39
4.2	WBGTin and Metabolic Workload in Each Work Section	40
4.3	Air Velocity and Relative Humidity in Each Work Section	41
4.4	Correlation between WBGTin and personal heat in glove production area	42
4.5	Association Between Socio-Demographic and Heat-Related Illnesses	43
4.6	Risk factors that contribute the most to heat-related illnesses.	46
4.7	Prevalence of Heat Related Illness.	47
4.8	Differences of Core Body Temperature, Heart Rate and Blood Pressure Between Before Shift, After 2 hours and after 8 hours working.	48
4.8.1	Difference of Core Body Temperature between Before, After 2 hours and After 8 Hours Working among Workers.	49

4.8.2	Difference of Blood Pressure between Before, After 2 hours and After 8 Hours Working among Workers.	49
4.8.3	Difference of Heart Rate between Before, After 2 hours and After 8 Hours Working among Workers.	50
<b>5</b>	<b>CONCLUSION AND RECOMMENDATIONS</b>	
5.1	Conclusion	52
5.2	Limitation of study	52
5.2	Recommendations	53
5.4	Future Research	55
	<b>REFERENCES</b>	56
	<b>APPENDICES</b>	63
	<b>BIODATA OF STUDENT</b>	80
	<b>LIST OF PUBLICATIONS</b>	81

## LIST OF TABLES

Table		Page
2.1	The process of glove production and the temperature involve	12
2.2	Guideline for metabolic rate based on body position or movement and type of work being performed	17
3.1	Descriptive profile of physiological changes (core body temperature, blood pressure and heart rate) during three different work shifts (before shifts, after 2 hours working and after 8 hours working).	27
3.2	Summary of sample size calculation.	29
3.3	Type of data analysis	37
4.1	Socio-demographic of the workers who participated in the study	40
4.2	Exposure profile for WBGTin and metabolic workload at various work sections	41
4.3	Exposure profile for air velocity and relative humidity at each work section	42
4.4	The correlation between personal heat and WBGTin	43
4.5	Association Between Socio-Demographic And Heat-Related Illnesses	45
4.6	Risk factors that contribute the most to heat-related illnesses.	46
4.7	Prevalence of heat related illness complaints among workers	48
4.8.1	Descriptive profile of core body temperature, heart rate and blood pressure between before shift, after 2 hours working and after 8 hours working	50
4.8.2	The differences of core body temperature, heart rate and blood pressure between before shift, after 2hours working and after 8 hours working	51
4.8.3	Post hoc test (Bonferroni correction) of physiological parameters at three different sessions	51

## LIST OF FIGURES

Figure		Page
1.1	The relationship between the workers exposed to oven and the heat-related illness.	4
1.2	Conceptual Framework	9
2.1	Process Flow Chart of the Glove production	13
2.2	Heat production and heat loss from human body (Source: guideline on heat stress management at workplace 2016)	15
2.3	Normal response to heat stress exposure and how it lead to heat-related disorder	20
3.1	The production layout for each work section involve workers that exposed to oven	26
3.2	Sample size calculations at Openepi.com (2017)	29
3.3	The flow chart of research procedure	31
3.4	QUESTemp°34 Thermal environment monitor	33
3.5	QUESTemp° Personal	33
3.6	TSI Velocicalc® Air Velocity Meters	34
3.7	Omron MC-510 Gentle Temperature Ear Thermometer	34
3.8	POLAR Heart Rate FT60	35
3.9	OMRON T3 Automatic Blood Pressure Monitor	35
3.10	SECA Body Meter	36
3.11	SECA Body Weighting	36



## LIST OF ABBREVIATIONS

AAP	American Academy of Pediatrics
ACGIH	American Conference of Governmental Industrial Hygienists
BMI	Body Mass Index
bpm	beats per minute
DOSH	Department of Occupational Safety and Health
ILO	International Labor Organisation
m/s	meter per second
mmHG	milimeter per mercury
MREPC	Malaysia Rubber Export Promotion Council
NIOSH	National Institute for Occupational Safety and Health
NWSWFO	National Weather Service Weather Forcast Office
OSHA	Occupational Safety and Health Administration
SOCSSO	Social Security Organisation
TLV	Threshold Limit Value
WBGT <sub>in</sub>	Wet Bulb Globe Temperature indoor
WHO	World Health Organisation

# CHAPTER 1

## INTRODUCTION

### 1.1 Background

Malaysia is the world's sixth largest producer of natural rubber with export of RM12.0 billion in 2010 and RM15.2 billion in 2014 (Malaysian Rubber Export Promotion Council, 2015). The latex products are the largest contributor to Malaysian exports of rubber products of RM12.2 billion in 2014 (MREPC, 2015). Since Malaysia is the largest producer of glove, there are high numbers of glove's factories develop in order to meet the export demand (MREPC, 2015). All this manufacturing processes have high production processes that involve a large number of workers with long duration of working. Most of the glove production is nonstop production with twenty-four hour process daily (MREPC, 2015).

In glove industry, most workers were exposed to high temperature due to the ovens (between 100°C to 125°C) in glove production area (Akaben, 2016). The production of glove involved burning and drying process by using ovens (Akaben, 2016). An Industry which using a furnace in their process such as oven can be a major contributor to heat stress, which also knew as a radiant heat source (Kishor et al., 2012). Thus, by using the oven at production area, workers in the glove production area are exposed to high level of heat.

The previous study proved that the heat stress in palm oil manufacturing can be affected by high temperature working environment which can affect the physiological changes of blood pressure, heart rate and body core temperature, and lead to heat-related illnesses (Athirah, 2014). Since, the production of glove involving high temperature process, the physiological parameter of the workers may be affected and may lead to heat-related illnesses. According to the study the external environmental factors that contributed to the heat stress among workers in hot working areas where temperature, humidity, radiant heat and air velocity (Ahasan, 2001). Thus, the air velocity and humidity also be measured in this study as an environmental factor that may contribute to high level of heat exposure to workers.

Heat stress related to occupation is one of the major problems affecting the health status of workers, especially in tropical countries such as Malaysia (Tawatsupa et al., 2010). Workers working in high temperature conditions must ensure constant core body temperature for his body to function well. To maintain a stable temperature, body needs to release heat to the surrounding environment at the same rate as heat is produced (Andrew, 2011). Heat stress will occur if body failed to control internal temperature (Guideline, 2016).

Besides, In glove production the process involving high level of heat production around 800, 000 kcal/hour of heat production (Top Glove, 2011).

## 1.2 Problem Statement

The study of heat stress among the workers has been commonly conducted and published. However, there was lack of study has been conducted in Malaysia, particularly among the gloves production workers. Most studies conducted on heat stress among workers in various workplaces where shown significant effect between high environmental temperature and negatively impact the worker's performance, attitude and satisfaction level. This includes the effect on the workers physiological parameter and may lead to heat-related illness. Azlis (2007) stated that there are many industries in Malaysia that have high potential involving heat stress to their employees. Exposure to high temperature can contribute to heat stress but to see the mechanism industry must play a big role in monitoring the heat emits by industry and the health status of workers that expose to high level of heat. Since glove industry mainly process using oven, there must be high risk of heat stress to workers. Oven as a source of burning process can contribute to physical hazard to workers such as injury when workers accidently touch the hot surface and heat-related illnesses when workers expose to heat emitted from the oven (Akaben, 2016). Besides, Malaysia also have a high potential of heat stress due to our hot whether as a tropical countries (Twatsupa et al., 2010). Previous study have made on heat stress in palm oil and steel industry in Malaysia but the study does not measure the personal heat of the workers compare to this study.

Glove industry is one of the biggest manufacturing industries in Malaysia (MARGMA, 2018). The top three glove maker in Malaysian are Top Glove Corp Bhd, Hartalega Holding Bhd and Kossan Rubber Industries Bhd (MARGMA, 2018). Malaysia rubber industry exports over 195 countries worldwide and is expected to increase from 232.2 billion gloves in 2017 to 286 billion gloves in 2018 (MARGMA, 2018). According to Malaysian Rubber Glove Manufacturers Association (MARGMA) the rubber gloves industry has grown tremendously throughout the past two decades and continues to display resilient growth (MARGMA, 2018). This tremendously growth of rubber industry leads to increasing of production rates and workforce to meet the global demand of rubber glove.

The production rate of glove industry is about 368, 640 pcs/hour with 24 hour of operation hour (MARGMA, 2018). The workers involve to archive the production rate are 350 workers for 12 line of production for two shift of work hour. The process flow of latex glove start from former cleaning, coagulant dipping, drying, latex dipping, leaching, beading, vulcanization, post leaching, slurry dipping, stripping, tumbling, quality-control and packing (Top glove, 2011). The process of drying, leaching, vulcanization and post leaching are involving workers to expose with high temperature of environment. The burning and drying process involve ovens which temperature around 100°C to 125°C (Akaben, 2016). This shows that the glove production area involve high

temperature process. Thus, this research is needed to determine the heat stress index and metabolic workload at gloves production area.

The current interventions the glove industry applies are installation of drinking station, conduct heat stress awareness talk, and provide yearly medical surveillance and job rotation (Top Glove, 2011). Currently there is no research has be done on the heat exposure on the workers particularly working near oven. Thus, this study will determine the personal heat exposure of heat on workers near the oven area.

In 2012, there is a case at steel manufacturing plant, where a worker in furnace section fainted and being diagnosed with heat stroke (SOCISO, 2016). Now the worker is suffering with slurred speech and generalized body tremor. Other than that, there were another three cases reported in year 2013 and 2014 due to heat related illness which cause multiorgan failure (SOCISO, 2016). This shows that working near to furnace or oven can lead to heat-related illness. This study is conducted to study the prevalence of heat-related illness of the glove industry workers that exposed to the oven at production area.

Besides, the previous study proved that the heat stress at palm oil manufacturing industry can be affected by high temperature working environment which can affect the physiological changes of blood pressure, heart rate and body core temperature, and lead to heat-related illnesses (Athirah, 2014). Thus, this study was conducted to evaluate the heart rate, blood pressure, body core temperature change and heat related illness among Gloves Industry workers under heat stress at Negeri Sembilan. According to the previous study, external environmental factors that contribute to the heat stress among workers in hot working areas were temperature, humidity, radiant heat and air velocity (Ahasan, 2001).

The figure 1.1 showed that when the glove production worker exposed to high level of heat, the physiological parameters such as, blood pressure, heart rate and body core temperature tend to increase. When workers exposed to heat stress sourcing from oven, it can lead to physiological changes and causing heat –related illness to workers as shown in diagram below.

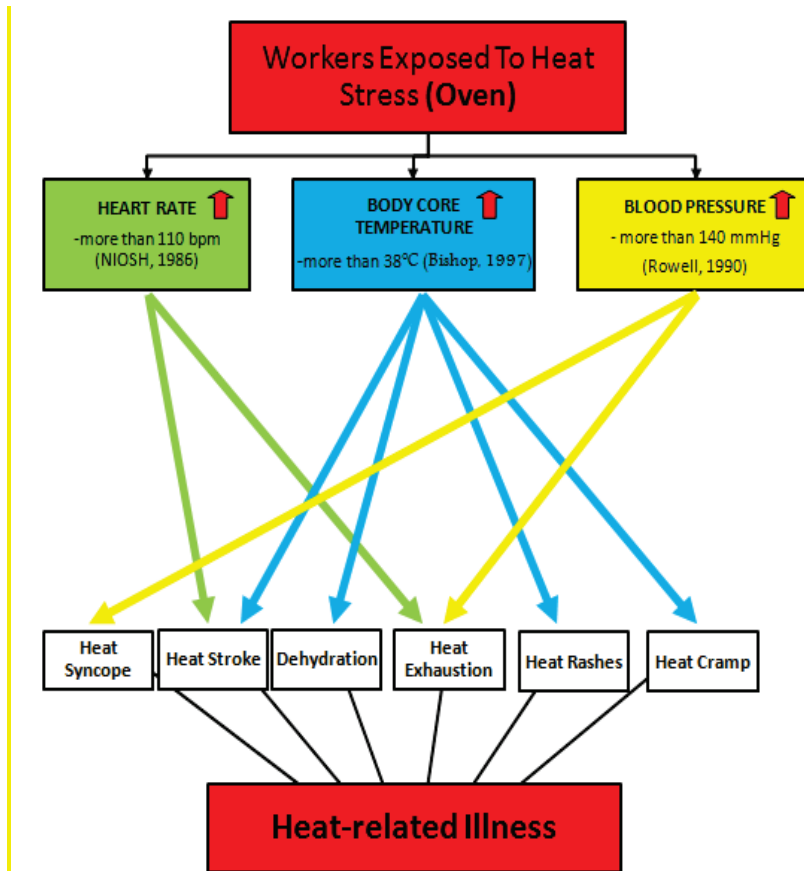


Figure 1.1: The relationship between the workers exposed to oven and the heat-related illness.

### 1.3 Study Justification

This study was conducted to develop data onto the level of heat stress at the glove industry in Malaysia. There are data recorded on heat stress cases by SOCSO, but the data not focused by specific type industry. So, there are no specific data of heat stress cases among glove industry workers. In addition, this study also be conducted to fulfill the research gap on this particular heat stress issue among manufacturing workers. Thus, this study was conducted to measure the heat stress and the effect on physiology (body core temperature, heart rate, blood pressure) and heat related illness to workers who are exposed to high temperature at glove industry. Besides, this study also focuses on the relationship between the personal heat and the WBGTin level which will help to show the effect of the heat stress directly to changes on personal heat of workers.

In addition, this study can provide baseline data onto heat stress in the glove industry. Since Malaysia already have our first guideline on heat stress by DOSH, this data and information about this study can also contribute as additional data.

## **1.4 Research Objectives**

### **1.4.1 General objective**

To study the heart rate, blood pressure, body core temperature change and heat related illnesses among workers in Gloves Industry under heat stress at Negeri Sembilan.

### **1.4.2 Specific objectives**

The specific objectives of this study were as follow:

1. To determine socio-demographic data of respondent.
2. To determine the heat stress index and metabolic workload at gloves production area.
3. To determine the air velocity and relative humidity at gloves production area.
4. To determine the correlation between prevalence of heat-related illnesses and personal heat of worker that exposed to heat in glove production area.
5. To determine the association between socio-demographic and heat-related illnesses.
6. To determine the risk factors associated with heat-related illnesses among glove industry workers.
7. To determine the prevalence of heat related illnesses among worker.
8. To determine heart rate, blood pressure, body core temperature change between before shift, after 2 hours working and after 8 hours working among respondents.
9. To compare the differences of blood pressure, heart rate and body core temperature before shift, after 2 hours working, and after 8 hours working among workers exposed to heat.

## **1.5 Study Hypothesis**

H<sub>1</sub>: There is significant correlation between prevalence of heat-related illness and personal heat in glove Industry.

H<sub>2</sub>: There is association between socio-demographic and prevalence of heat-related illnesses.

H<sub>3</sub>: There is a significant association between associated risk factors with prevalence of heat related illness.

H<sub>4</sub>: There is a significant difference in blood pressure, heart rate and body core temperature between before working, after 2 hours working, and after 8 hours working among workers exposed to heat.

## **1.6 Definition of Term**

### **1.6.1 Heat stress**

#### **Conceptual Definition**

Heat stress is a combination of heat load in individual and environmental factor impose on workers' bodies which give effect to workers' performance, safety and health. (Rasoul Hemmatjo et al., 2013).

#### **Operational Definition**

Heat stress level determined by using Questemp<sup>®</sup>34 Thermal Environmental Monitor to measure environmental temperature in degree Celsius by placing the instrument at 1.1 meters from the floor level where the heat stress is maximum.

### **1.6.2 Physiological Change**

#### **Conceptual Definition**

Physiological change is physiological adaptations when the body tend to increase the temperature, heart rate, and blood pressure when expose to the high level of temperature (Barbara & Patricia, 2002).

#### **Operational Definition**

Body core temperature of workers measured by using Omron MC-510 Gentle Temperature Ear Thermometer in unit of degree Celsius and OMRON Blood Pressure Monitor Model T3 used to measure blood pressure in unit of millimeter mercury. While heart rate, it measured by using Polar Heart Rate Monitor Watch in unit of beat per minutes. All the parameter measure within three work session, which are before work, after two hour working and after eight hour working to see the physiological changes.

### **1.6.3 Heat-Related Illnesses**

#### **Conceptual Definition**

Heat-related illnesses are a illness with symptoms including headache, nausea, and fatigue after exposure to the heat (MedicineNet.com, 2013). It is a set of preventable conditions ranging from mild forms such as heat exhaustion and heat cramps to potentially fatal heat stroke (Jonathan et al., 2011).

#### **Operational Definition**

Heat-related illness measured by using questionnaire adopted from previous study. The questionnaire consists of all symptoms related with heat effect after exposure to high level of temperature. The symptom categorise to the type of heat-related illness which are heat exhaustion, dehydration, heat syncope, heat rashes, and heat stroke.

### **1.6.4 Natural Wet Bulb Temperature**

#### **Conceptual Definition**

Natural wet bulb temperature is which the air is allowed to flow over the sensor naturally rather than being forced. When air flow is less than 3 m/s (meter per second), the temperature reduce for the same absolute humidity and air movement (Barbara & Patricia, 2002).

#### **Operational Definition**

Wet bulb temperature is the temperature measured by using thermometer with sensor that covered by wetted cotton wick and exposed only to the natural air movement (NIOSH, 1986).

### **1.6.5 Globe Bulb Temperature**

#### **Conceptual Definition**

Globe temperature responds to radiant heat from the solid surroundings and convective heat with the ambient air. It is used to estimate the average wall temperature of the surrounding (Barbara&Patricia, 2002).

#### **Operational Definition**

The globe temperature measured by using sixth inch, thin-walled, coppers sphere, painted matte black on the outside. The temperature sensor is placed at the center of the globe (Barbara&Patricia, 2002).



## **1.6.6 Dry Bulb Temperature**

### **Conceptual Definition**

Dry bulb temperature is the direct measure of air temperature. The temperature sensor is surrounded by air, which is allowed to freely flow around the sensor (Barbara&Patricia, 2002).

### **Operational Definition**

Dry bulb temperature measured by using a thermal sensor that is shielded from direct radiant energy sources (U.S. Department of Labor, 1999).

## **1.7 Conceptual Framework**

Workers are mainly exposed to five types of hazard. Heat stress is one of the main hazards in production of gloves. Workers in production areas were exposed to high temperature which caused physiological effect. In this conceptual framework the source of heat is a main oven. Heat stress can cause when there is combination of environmental factor and individual activity. The variable that concerned is environment variables which are humidity, air velocity, air temperature and radiant temperature. While for individual activity, consist of metabolic rates and workload.

Workers that exposed to high level of heat during work will tend to get heat stress which lead to physiological effect and heat related illness (Athirah, 2014). The body core temperature, heart rate and blood pressure of workers will increase when exposed to high level of heat (Athirah, 2014). Meanwhile, for heat-related illness it involved heat cramps, heat stroke, heat syncope and heat exhaustion.

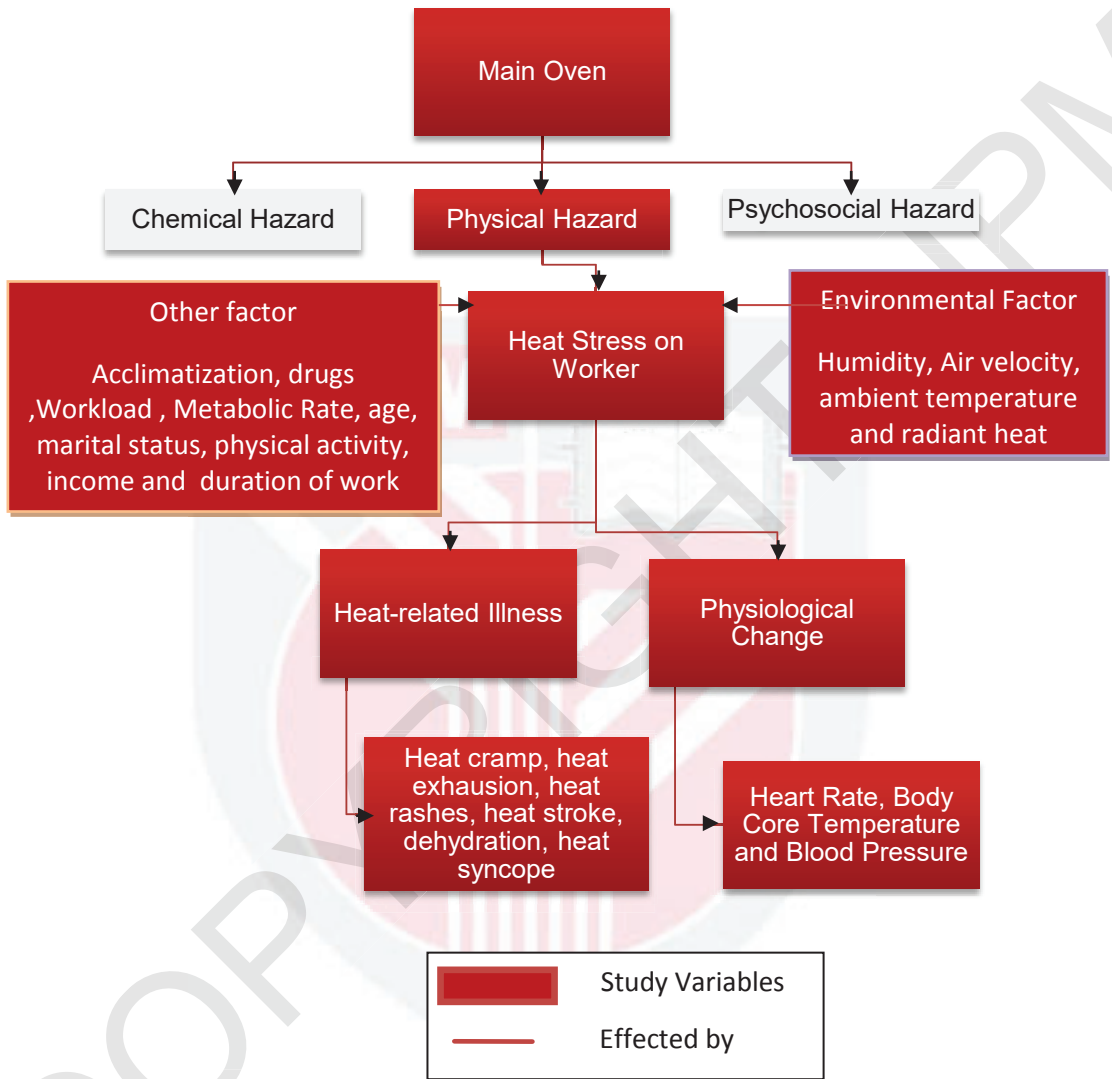


Figure 1.2: Conceptual Framework

## REFERENCES

- Ahasan, M. R. & Parten, T. (2001). Occupational health and safety in the least developed countries—a simple case of neglect. *Podemiol.* 2001.
- Allyson, S., Howe, Barry, P., & Boden. (2007). Heat-Related Illness in Athletes. *American Journal Sports Medicine*, 35:1384.
- American Conference of Government Industrial Hygienist (ACGIH): *Industrial Ventilation*. Cincinnati, OH : ACGIH, 1992.
- Anderson, G., S. & Kenny, W., L. (1987). Effect of age on heat-activated sweat gland density and flow during exercise in dry heat. *Journal of Applied Physiology*, 63(3), 1089-1094.
- Andrew, H. P. (2013). Heat Strain, Hydration status, and Symptoms of Heat Illness in Surface Mine Workers. The School of Human Movement Studied and the Institute of Health and Biomedical Innovation, Queensland University of Technology. *Industry Economic Journal* 2002;2:1,1-10.
- Armstrong, L.E. (2000). *Performing in extreme environments*, Champaign, IL: Human Kinetics.
- Azlis, S. J., Zulhilman, D., Mohd Shahir, Faizal M. B., & Khalid, H. (2007). Heat stress investigation on laundry workers. *International Conference on Ergonomics 2007 (ICE07)*, Kuala Lumpur.
- Barbara A.P., & Patricia J.Q. (2002) *Fundamental of Industrial Hygiene* 5<sup>th</sup> Edition. Part III: *Thermal stress* (pp. 327-356). United State of America, U.S : National Safety Council.
- Barr, D., Gregson, W., & Reilly, T. (2010). The thermal ergonomics of firefighting reviewed. *Applied Ergonomics*, 41(1), 161-172.
- Barrow, M.W., & Clark, K.A. (1998). Heat Related Illness. *American Family Physician* 58(3):749.
- Belding, H. S., & Hatch, T. F. (1995). Index for Evaluating Heat Stress in Terms of Resulting Psychological Strain, Heating, Piping and Air Conditioning. Vol. 27. 129 – 136.
- Bergeron, M.F. (1996). Heat cramps during tennis: a case report. *International Journal of sport nutrition*, 6(1), 62-68.
- Bernard, T. E., & Kenny, W.L. (1994). Rationale for personal monitor of heat strain. *American Industrial Hygiene Assosiation Journal*, 55, 505-514.
- Bird, M.J. (2002). Occupational exposure during routine activities in coal-fueled power plants. The University of Georgia, Athens, Georgia.

- Bishop, P. (1997). Applied physiology of thermoregulation and exposure control. In S.R DiNardi (Ed.). *The occupational environment—its evaluation and control* (pp. 628-658). Fairfax, VA:AIHA Press.
- Bouchama, A., & Knochel, J.P. (2002). Heat Stroke. *New England Journal of Medicine* 346(25):1978.
- Boulant, J. A. (2000). Role Of The Preoptic-Anterior Hypothalamus In Thermoregulation And Fever. *Clin Infect Dis* .2000 Oct;31 Suppl 5:S157-61.
- Bridger, R.S. (2003). *Introduction to Ergonomics*. 2<sup>nd</sup> edition London: Taylor & Francis.
- Brothers, M., Keller, D., and Wingo, J. (2002). Heat-stress-induced changes in central venous pressure do not explain inter-individual differences in orthostatic tolerance during heat stress. *Journal Applied Physiology* 110(2011): 1283-1289.
- Brunker, & Khan.(2002). *Clinical Sports Medicine*. McGrawHill. Forth Edition.
- Budd, G. (2001b). How do wildland firefighter cope? Physiological and behavioural temperature regulation in men suppression Australian summer bushfire with hand tool. *Journal of Thermal Biology*. 26(4-5), 381-386.
- Carrillo, J. A., & Benitez, J. (2000). Clinically significant pharmacokinetic interactions between dietary caffeine and medication. *Clin Pharmacokinet* 39(@): 127-53.
- Cheung, S. S., Petersen, S. R., & McLellan, T. M. (2010). Physiological strain and Counter measures with firefighting. *Scandinavian Journal of Medicine & Science in Sports*, 20 Suppl 3, 103-116.
- Cooper, E., Ferrara, M., & Broglio, S. (2006). Exertional heat illness and environmental conditions during a single football season in the southeast. *Journal of Athletic Training*, 41(3), 332-336.
- Dicorleto, R.D., Coles, G., and Firth,I. (Eds.). (2003). *Heat Stress Standard and Documentation Developed For Use In The Australian Environment*. Tullamarine: The Australian Institute of Occupational Hygienists.
- Doughue, A.M., Sinclair, M.J.,& Bates, G.P.(2000). Heat exhaustion in a deep underground metalliferous mine. *Occupational & Environmental Medicine*, 57(3), 165-174.
- Eric, N.B. (2013). Evaluation of heat stress and strain in electricity utility workers. *Public Health in Environmental Health Sciences*. University of California, Loss Angeles.
- Fumio, Y., & Kunshige, h. (2003). Heat acclimatization increase skin vasodilation and sweating but not cardiac baroreflex response heat-stressed human. *J Appl Physiol* 95:1567-1574.doi: 10.1152/jappphysiol.00063.2003

- Gary A. T., & Kavin T.P. (1997). The human body in health and disease. Elsevier-Health Sciences Division.
- Givoni, B., Goldman, R. F. (1973) Predicting heart rate response to work, environment, and clothing. *J Appl Physiol* 1073; 34:201-204.
- Green, P.J., Kirby, R., & Suls, J. (1996). The effects of caffeine on blood pressure and heart rate: a review. *Annals of Behavioral Medicine*, 18, 201-216.
- Guidelines on Heat Stress Management at Workplace. (2016). Department of Occupational Safety and Health, *Ministry of Human Resources*, Malaysia.
- Hales, J. R. S., & Richards, D. A. b.(1987). *Heat Stress: Physical Exertion and Environment*. Excerpta Medical: Amsterdam.
- Ho, C.W., Beard, J.L., Farrell, P.A., Minson, CT., & Kenny, W.L.(1997). Age, fitness and regional blood flow during exercise in the heat. *Journal of Applied Physiology* 82(4), 1126-1135.
- Horie S, Kawanami S, Sunada K. Hot environment and human physiology. *Digest of Science of Labour*. 2011;66:330–335. (in Japanese)
- Hoa, D.T.M., Nguyet, D.A., Phuong, N.P., Phuong, D.T., Nga, V.T., Few, R., & Winkles, A. (2013). Heat Stress and adaptive capacity of low-income outdoor workers and their families in the city off Da Nang, Vietnam. *Asian Cities Climate Resilience*.
- Inoue Y., Shibasaki M., Hirata., and Araki T. (1998). Relationship between skin, blood flow and sweating rate, and age related regional differences. *European Journal of Applied Physiology & Occupational Physiology*, 79(1), 17-23.
- International Labor Organization (ILO). Encyclopedia of occupational health and safety. Vol 2, 3<sup>rd</sup> ed. ILO, Geneva, Switzerland, 1983.
- Ishii, K., Muraki, S., Komura, T., Kikuchi, K., Sato, K., & Maeda, K (1993). Usefulness of a simple device to measure aural canal temperature. *The Annals of Physiological Anthropology*, 12, 189-194.
- James, L., & Glazer, M.D. (2005). Management of heat stroke and heat exhaustion. *Am Fam Physician* 2005;71:2133-40, 2141-2.
- Jonathan, A.. Becker, M. D., Lynsey, K., & Stewart M. D. (2011). Heat Related illness. *Am Fam Physician*. 2011 Jun 1 ; 83(11):1325-1330
- Kenefick, R. W., & Sawka M.N. (2007). Hydration ath the work site. *Journal of American College of Nutrition*, 26(supple 5), 597-603.
- Kenny, W. L.& Ho, C. W. (1995). Age alters regional distribution of blood flow during moderate-intensity exercise. *Journal of Applied Physiology*, 79(4), 1112-1119.

- Kerslake, D. M. (1972). *The stress of Hot Environments*. Cambridge University Press: Cambridge.
- Leithead, C.S. & Lind, A. R. (1964). *Heat stress and heat disorders*. London: Cassell.
- Luurila O.J.(1992). The sauna and the heart. *J Intern Med*. 231(4): 319-320.
- MacKnight, J.M., & Mistry, D. J. (2005). Allergic disorders in the athlete. *Clin Sports*.
- Malaysian Rubber Export Promotion Council (MRPEC) Official Website. (last updated: October, 2017). Rubber Industry Overview. Retrieved October 02, 2017., from <http://www.mrepc.com/industry/industry.php>
- Malaysian Rubber Glove Manufacturers Association (MARGMA) Official Website. (last updated: 2016). Examination Glove. Retrieved 2016. From [http://margma.com.my/examination\\_gloves.php](http://margma.com.my/examination_gloves.php)
- Madrigano, J. (2018). Awareness, Risk Perception, and Protective Behaviors. *International Journal of Environmental Research and Public Health — Open Access Journal* , 2-11.
- Martin, H.L., Loomis, J.L., & Katch, V.L. (1994). Maximal skin vascular conductance in subjected aged 5-58 yr. *Journal of Applied Physiology*, 79(1), 293-301.
- Moran, D. S., Shitzer, A., & Pandolf, K.B (1998). A physiological strain index to evaluate heat stress. *Am J Physiol*. 1998 Jul;275 (1 Pt 2):R129-34
- Micheal, W., Barow, M.D., Katherine, A., & Clark, D.O. (1998).Heat related illness. Wright State University School of Medicine, Dayton, Ohio *Am Fam Physiology*. 58(3): 749-756.
- MedicineNet.com. (2013). MedTerm dictionary : *Definition of heat related illness*.Retrieved from <http://www.medterm.com/script/main/art.asp?articlekey=10160>
- Ministry of Health, Labour and Welfare. Promotion to Drink Tap Water for Health. Retrieved from <http://www.mhlw.go.jp/topics/bukyoku/kenkou/suido/nomou/>. Accessed May 2016. (in Japanese)
- National Institute for Occupational Safety and Health (NIOSH). (1986). *Criteria for a recommended standard: Occupational exposure to hot environments (revised criteria 1986)* [DHHS (NIOSH) Publication No. 86-113].
- National Weather Service Weather Forecast Office. (NWSWFO). (2014). What is heat index? Retrieved from <http://www.srh.noaa.gov/ama/?n=heat index>
- National Weather Service. Weather Prediction Center. (2013). Meteorological conversionsand calculations: *Heat index calculator*. Retrieved from <http://www.hpc.ncep.noaa.gov/html/heat index.shtml>

- Nur Athirah, M.Y.(2014). The Evaluation of Physiological Changes and Heat Related Illness Among Palm Oil Mill Workers Under Heat Stress Condition.
- Nielson, B., Hales, J. R., Strange, S., Christensen, N.j., Warberg, J., & Saltin, B. (1993). Human circulatory and thermoregulatory adaptations with heat acclimation and exercise in a hot, dry environment. *JPhysiol. Jam* 1993;460: 467-485.
- Platt, A., Localio, R., Brensinger, C., Cruess, D., & Christine, J. (2010). Can we predict daily adherence to warfarin? Results from the international normalized ratio adherence and genetics study. *Chest*, 137(4), 883-889.
- Ramsey, J. D. (1995). Task performance in heat : a review. *Ergonomics* 38, 154-165.
- Rasoul, H., Sajad, Z., Akbar, B, H., Abdolloh, H., & Hossin, G.(2013). Investigation of heat stress in workplace for different work groups according to ISO 7243 standard in mehr .
- R. Gonzalez, eds., Human performance Physiology and Environmental Medicine at Terrestrial Extrems. Indianapolis, IN, Benchmark Press. Pp. 153-197.
- Romanovsky, A. A. (2007). Thermoregulation: some concepts have changed. Functional architecture of the thermoregulatory system. *American Journal of Physiology-Regulatory, Integrative and Comparative Physiology*, 292(1): R37-R46.
- Rowell L.B. (1990). Hyperthermia: a hyperadrenergic state. *Hypertension* 1990;15(15): 505-507.
- Sawka, M.N., Burke, L.M., Eichner, E. R., Maughan, R. J., Montain, S.J., & Stachenfeld, N. S. (2007). ACSM position stand: Exercise and fluid replacement. *Medicine and Science in Science in Sports on Exercise*, 39(2), 377-390.
- Sawka, M.N., Young A.J., Francesconi, R. P., Muza, S. R., Pandolf, K.B. (1985). Thermoregulatory and blood responses during exercise at graded hypohydration levels. *Journal of Applied Physiology*, 59(5), 1394-1401.
- Schwellnus, M.P., Nicol, C., Laubscher, R., & Noakes, T. (2004). Serum electrolyte concentrations and hydration status are not associated with exercise associated muscle cramps (EAMC) in distance runners. *British Journal of Sports Medicine*, 38, 48-492.
- Shearer, S. (1990). Dehydration and serum electrolyte changes in South African gold miner with heat disorders. *American Journal of Inustrial Medicine*, 17(2), 225-239.

- Siti Fawziah, M. N. (2002). Tugas Haba dan Perubahan Fisiologi Pekerja Kilang Besi. Jabatan Kesihatan Komuniti, Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia.
- Socio Security Organisation (SOCSO). (2011) Annual Report. Ministry of Human Resources, Malaysia. Retrived from [http://www.perkeso.gov.my/images/Laporan\\_Tahunan\\_2011.pdf](http://www.perkeso.gov.my/images/Laporan_Tahunan_2011.pdf)
- Thomas C.M., Pierzga, J.H., & Kenny, W.L. (1999). Aerobic training and cutaneous vasodilatation in young and older men. *Journal of Applied Physiology*, 86(5), 1676-1686.
- Top Glove Sdn Bhd Official Website. (last update: 2017). View By Raw Material. Retrieved 2017. , from <http://www.topglove.com/view-by-raw-material/>
- Twatsupa, B., Lim, LL-Y., Kjellstrom, T., Seubsman, S., Sleigh, A., & the Thai Cohort Study team. (2010). The association between overall health, psychological distress, and occupational heat stress among a large national cohort of 40, 913 Thai workers.
- U.S. Department of Labor, Occupational Safety and Health Administration. (1999, January). *OSHA Technical Mnual (OTM) Section III: Chapter 4 (Heat Stress)*. Retrieved from [https://www.osha.gov/dts/osta/otm/otm\\_iii/otm\\_iii\\_4.html](https://www.osha.gov/dts/osta/otm/otm_iii/otm_iii_4.html).
- Van Gelder, C.M., Prager, L.A., Wiesmann, W.P., Stachenfeld, N., & Bogucki, S. (2008). An experimental model of heat storage in working firefighters. *Prehospital Emergency Care*, 12(2), 225-235. Vol.2. R.I. Harris. New York: John Wiley and Sons, Inc., 2000. Pp. 925-984.
- Victor, L. (2003). Kajian Pendedahan Tegasan Haba dan Perubahan Fis Fisiologi Pekerja Kilang Besi. Jabatan Kesihatan Komuniti, Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia.
- Warren, R. Van, Z., Jaco, D., & Josua P.M. (2013). Single phase Convective Heat Tranfer and Pressure Drop Coefficient in Concentric Annuali. *Heat Transfer and Engineering* 34(13):1112-1123. doi:10.1080/01457632.2013.763550.
- Weller, A.S., Linnane, D.M., Jonkman, A.G.& Daanen, H.A. (2007). Quantification of the decay and re-induction of heat acclimation in dry-heat following 12 and 26 days without exposure to heat stress. *Eur J Appl Physiol*, 102(1): 57-66.
- Wendt, D. Van L.L.J.C., & Van M.L (2007). Thermoregulation during exercise in the heat. *Sport Medicine*, 37(8):669-680.
- Wenger, C.B.(1998). Human heat acclimatization, in Pandolf, K.B., M.N. Sawka and R.
- William R.D. (1997). When summertime gets too hot to handle. US Federal Drug Administration.



Windham, C.H. (1974). The physiological and psychological effects of heat. *Mine Vent. Soc. of S.Africa* (1974):93-137.

World Health Organization (WHO). (1969). *Health factor involve in working under condition of heat stress* (Technical Report Series No. 412). Geneva Switzerland: Author)

Yeo T.P. (2004). Heat stroke: a comprehensive review. *AACN Clin Issues* 15(2): 280-293.

Zulzaki, S. N. (2018). Impact of Heat Exposure on Health and Productivity of among. *Asia Pacific Environmental and Occupational Health Journal* , 19-15.



## BIODATA OF STUDENT

The student of this thesis was born on March 10<sup>th</sup>, 1993, in Malacca. She received her primary education at Sekolah Rendah Kebangsaan Tunku Besar Tampin, Negeri Sembilan and further Secondary school at Sekolah Menengah Kebangsaan Tunku Syed Indrus, Negeri Sembilan, she was offered to continue study at Universiti Putra Malaysia on Foundation of Science and Agriculture. Then, she further her higher education at Universiti Putra Malaysia, Serdang in Bachelor of Science (Environmental and Occupational Health) from 2012- to 2016. Then, she continues her studies in Master of Science (Occupational Safety and Health) at Universiti Putra Malaysia, Serdang.



## PUBLICATION

### Published

**Nurazirah M.K.,** Karmegam K., Emilia Z.A, Shamsul B.M.T. Latex Glove Industry: Prevalence of Heat Related Illness among Malaysian Workers: A Review.





UNIVERSITI PUTRA MALAYSIA

STATUS CONFIRMATION FOR THESIS / PROJECT REPORT  
AND COPYRIGHT

ACADEMIC SESSION : \_\_\_\_\_

TITLE OF THESIS / PROJECT REPORT :

**HEAT-RELATED ILLNESSES AND PHYSIOLOGICAL CHANGES AMONG  
LATEX GLOVE INDUSTRY WORKERS UNDER HEAT STRESS CONDITION**

NAME OF STUDENT :

**NURAZIRAH BINTI MOHD KASSIM**

I acknowledge that the copyright and other intellectual property in the thesis/project report belonged to Universiti Putra Malaysia and I agree to allow this thesis/project report to be placed at the library under the following terms:

1. This thesis/project report is the property of Universiti Putra Malaysia.
2. The library of Universiti Putra Malaysia has the right to make copies for educational purposes only.
3. The library of Universiti Putra Malaysia is allowed to make copies of this thesis for academic exchange.

I declare that this thesis is classified as:

\*Please tick (√)

**CONFIDENTIAL**

(Contain confidential information under Official Secret Act 1972).

**RESTRICTED**

(Contains restricted information as specified by the organization/institution where research was done).

**OPEN ACCESS**

I agree that my thesis/project report to be published as hard copy or online open access.

This thesis is submitted for:



**PATENT**

Embargo from \_\_\_\_\_ until  
(date) (date)

**Approved by:**

\_\_\_\_\_  
(Signature of Student)  
New IC No/ Passport No.:

Date :

\_\_\_\_\_  
(Signature of Chairman  
of Supervisory Committee)  
Name:

Date :

**[Note : If the thesis is CONFIDENTIAL or RESTRICTED, please attach with the letter from the organization/institution with period and reasons for confidentiality or restricted. ]**

